



ALCOHOL BEVERAGE & FOOD ESTABLISHMENTS REQUEST TO CHANGE HOURS OF OPERATION, FLOOR PLAN, BUSINESS OPERATIONS AND/OR AGE RESTRICTION

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Check License Type(s): ☐ Alcohol Beverage ☐ Food

Legal Entity Name (Individual, Partnership, Corporation or LLC):

Agent's Name (Corp/LLC):

Trade Name:

Business Address (include city/state/zip code):

Aldermanic
District:

Mailing Address: Identify the address where all correspondence from the License Division should be sent. Check (✓) one:

☐ Same as Business Address above

☐ Same as Home Address as follows: _____ (include city/state/zip code)

☐ Other as follows: _____ (include city/state/zip code)

Business E-mail Address:

Business Phone Number:

Business Fax Number:

REQUEST TO CHANGE HOURS OF OPERATION AS FOLLOWS:

Day of the Week	Current Hours of Operation:		Proposed Hours of Operation:		Number of Customers expected each day	Class B Taverns: Age Restriction for each day (if over 21) (This is optional) If none, write "none"
	Open	Close	Open	Close		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Office Use Only:

Filed _____ Initials _____ Food App# _____ Alcohol App# _____ LC _____ Granted _____

☐ Remove from MPD queue

☐ 1) Give application directly to manager and 2) send an email to the primary specialist to advise

Prohibited Hours of Operation: Class A: 9:00 PM to 8:00 AM
Class B/C: Monday thru Friday 2:00 AM – 6:00 AM; Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM
Food: 12:00 AM to 5:00 AM (unless an Extended Hours license is also held)

REQUEST TO CHANGE FLOOR PLAN AS FOLLOWS:

**** This form should be used for changing the location of tables, games, etc. within your current licensed premises. If your changes include adding any additional areas or square footage to your premises, or any renovations to the building will be done, do NOT complete this form. A Permanent Extension of Premises is required.**

New floor plan(s) must be submitted with this application.
(See next page for detailed floor plan instructions.)

REQUEST TO CHANGE BUSINESS OPERATIONS AS FOLLOWS:

Current business operations: _____

Proposed change(s) to the business operations: _____

A new Plan of Operation Supplement (ccl-124d) and new floor plan(s) must be submitted with this application.

Subscribed and sworn to before me

this ____ day of _____, 20____

Print Name of Individual, Partner, Agent, Officer, Member

Notary Public, State of Wisconsin

My commission expires: _____

Signature of Individual, Partner, Agent, Officer, Member

Notary Seal must be affixed

Warning: Penalty provided for submitting false statements and affidavits with this application.

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan reflecting all changes must be submitted with this request.
- **Any request submitted without the detailed floor plan (including all required items as listed below) will be returned.**
- The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor where changes will be made.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1. ☐ Dimensions of the Premises and
2. ☐ Total Square Feet of the Premises (length x width = square feet)
3. ☐ Label all entrances and exits
4. ☐ Label all alcohol storage areas (coolers, etc.) and
5. ☐ Provide dimensions of all alcohol storage areas (length x width)
6. ☐ Label all alcohol display areas (behind the bar, shelves, etc.) and
7. ☐ Provide dimensions of all alcohol display areas (length x width)
8. ☐ Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
9. ☐ Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes) and
10. ☐ Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. ☐ Label all parking areas on the premises (do not include street parking) (This is required even if the parking is shared, for example, a strip mall.) and
12. ☐ Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. ☐ Mark the North point (N ↑) on each page
14. ☐ Write the Date on each page
15. ☐ Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. ☐ Write the Trade (Business) Name on each page
17. ☐ Write the Premises address on each page